

Arkansas Department of Labor
Labor Standards Division
10421 West Markham
Little Rock, Arkansas 72205-2190
(501) 682-4500 TDD (800) 285-1131

APPLICATION FOR STUDENT CERTIFICATE OF ELIGIBILITY

(RE: 85% of Arkansas Minimum Wage)

Section 1. INSTRUCTIONS

1. All sections **must** be completed before submitting the application. If all sections are not completed, the application **will be denied.**

2. As a means of establishing enrollment, please submit a copy of one of the following: a) verification of enrollment statement issued by the educational institution where student is enrolled on a full time basis; b) letter from school principal verifying enrollment; or c) a notarized copy of school record.

3. The employer **must** complete Section 3 and sign the application or the application will be denied.

NOTE: NO CERTIFICATE WILL BE ISSUED, OR WILL BE CONSIDERED VALID IF ISSUED, TO STUDENTS WORKING MORE THAN TWENTY (20) HOURS PER WEEK WHILE SCHOOL IS IN SESSION OR MORE THAN FORTY (40) HOURS PER WEEK WHEN SCHOOL IS NOT IN SESSION, OR WHO ARE ENROLLED LESS THAN FULL TIME.

Section 2. STATEMENT OF STUDENT (This statement must be completed and signed by the student.)

I, the undersigned, hereby affirm that I am _____ and
(Please print full name)

my permanent address is _____
(Give Number and Street, City, State, and Zip Code)

I further certify that am presently enrolled in _____
(Give Name of Educational Institution)

and that I attend such educational institution on a full time _____ part time _____ basis. (Check one)

I certify that the foregoing statements are true and correct.

(Student's Signature)

(Date)

Section 3. Employer Information

(To Be Completed by the Employer)

I, the undersigned, request certification to employ _____
(Name of Employee)
at a wage rate equal to but not less than 85% of the applicable Arkansas minimum wage. I hereby certify
that I will pay the full Arkansas minimum wage for all hours worked in any workweek where this
employee works more than twenty (20) hours when school is in session or more than forty (40) hours
when school is not in session.

(Business Name or Employer)

(Mailing Address – Street or PO Box)

(City/State/Zip)

(Employer's Telephone Number)

(Signature of Employer or Authorized Agent)

(Please print name of Employer or Authorized Agent)

Proof of enrollment must be submitted with this application. Certificates issued will expire one year from the date of issue and must be renewed annually by submitting a new application and proof of enrollment.